FILED
Feb 07, 2005 08:
Secretary of S

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P33071
Entity Name
000 PRINTS, INC.

Principal Place of Business	Mailing Address
PO BOX 825 CARRABELLE, FL 32322-0825 US	PO BOX 825 CARRABELLE, FL 32322-0825 US

01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1235777
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, JAMES A
2916 HIDDEN BEACHES ROAD
CARRABELLE, FL 32322

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000218440
02/07/05-80067-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREEN, JAMES A.
STREET ADDRESS	P O BOX 825, 2916 HIDDEN BEACHES RD
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	SD
NAME	GREEN, NANCY A.
STREET ADDRESS	P O BOX 825, 2916 HIDDEN BEACHES RD
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	D
NAME	GREEN, MARK A.
STREET ADDRESS	121 EAST LIESURE AVENUE
CITY-ST-ZIP	NEW CASTLE, PA 161012326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James A. Green 1/30/05 850-6[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone